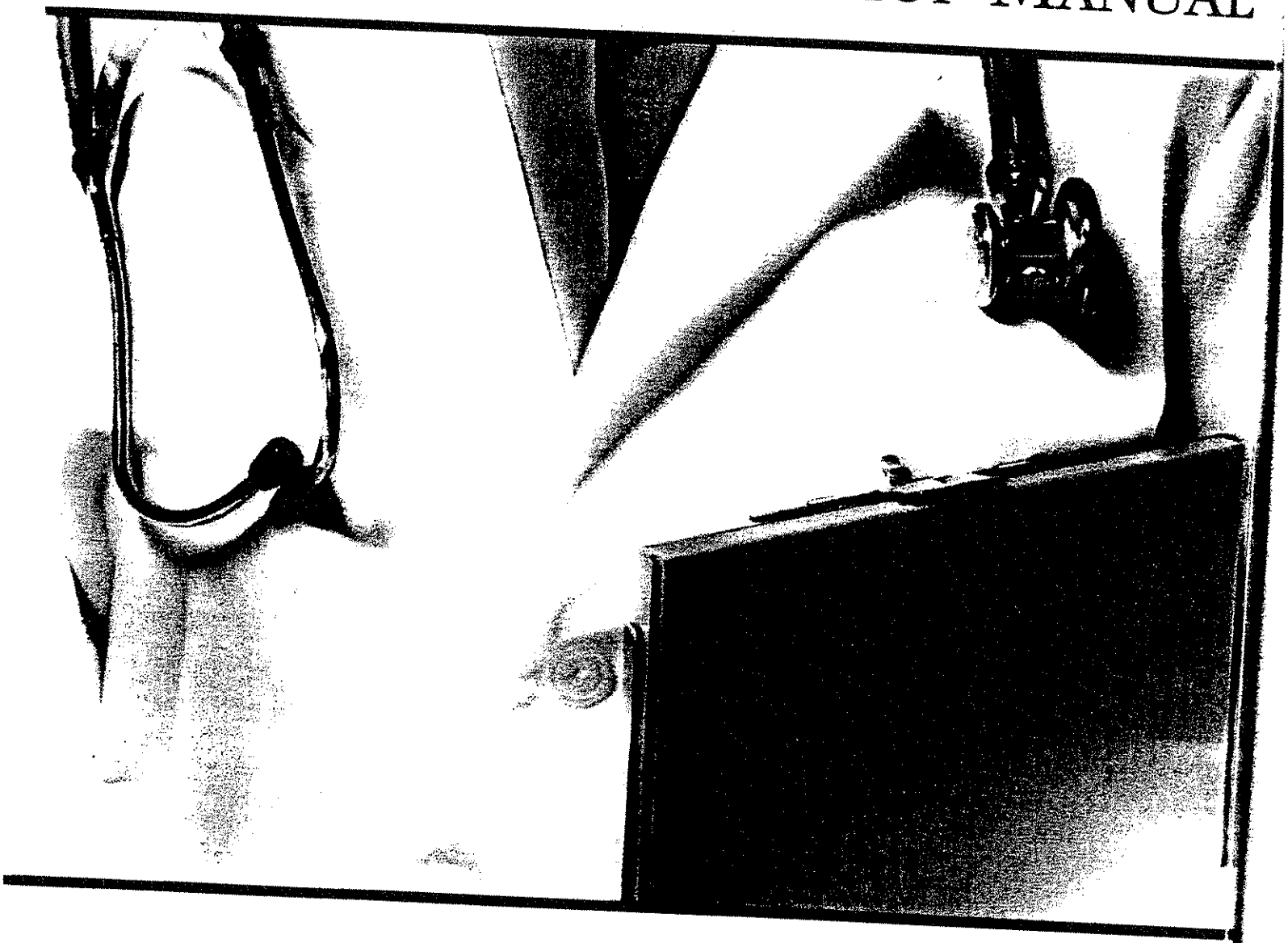
Mount Carmel Health System

Graduate Medical Education

RESIDENT PHYSICIAN HANDBOOK AND POLICY MANUAL



MOUNT CARMEL

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Revised: 2009

I. Overview of Graduate Medical Education at Mount Carmel Health System

In 1886, with borrowed bedsteads and a caring vision, five Sisters of the Holy Cross entered a partnership with Dr. J.W. Hamilton to open the Mount Carmel Hospital. Today, more than 100 years later, Mount Carmel continues to embrace that visionary spirit of cooperation between the Catholic Church and the laity.

The philosophy that guides Mount Carmel affirms the right of each person to receive the highest level of quality healthcare regardless of ability to pay. Mount Carmel is a professional family with warmth, energy, and enthusiasm. Together, these combined talents and healing hearts allow all who enter the doors of Mount Carmel to experience the Spirit of Life.

In 2000, the Sisters of the Holy Cross joined with the Sisters of Mercy to form Trinity Health, which is the parent organization of the Mount Carmel Health System (MCHS). Currently, MCHS has four member hospitals: Mount Carmel West (since 1886), Mount Carmel East (since 1974), Mount Carmel St. Ann's (since 1995), and Mount Carmel New Albany (since 2007).

Mission of the Mount Carmel Health System states that: **We serve together at Mount Carmel In Trinity Health, in the spirit of the Gospel, to heal body, mind, and spirit, to improve the health of our communities, and to steward the resources entrusted to us.**

The Core values of MCHS are: **Respect, Compassion, Excellence, Care of the Poor and Under-served, and Social Justice.**

The history of Medical Education at Mount Carmel goes back to the early 20th Century. The first internships were established in 1915 to help train physicians the basic medical care skills. The first residency program was Orthopaedics, established in 1945, followed by Internal Medicine in 1949, General Surgery in 1951, and Obstetrics and Gynecology in 1956. Family Practice residency was established in 1974. The latest developed program is Transitional Year starting in 1984.

Currently, Medical Education has six ACGME fully accredited residency programs:

- Family Medicine (3-year program)
- Internal Medicine (3-year program)
- OB/GYN (4-year program; integrated with the Ohio State University-OB/GYN) Department)
- Orthopaedics (5-year program)
- Surgery (5-year program)
- Transitional Year (1-year program)

Since our inception, educating medical professionals to elevate the standard of care has been a core mission of both the Mount Carmel Health System Graduate Medical Education. What ingredients are necessary to create an outstanding environment for Medical Education? It comes down to a nucleus of talented people who care and are located at a place where their passion is shared. When teaching faculty and Medial Education staff are accessible and collegial, and share their talents readily, learning can become infectious.

MCHS is an educational environment in which your goals and aspirations will be nurtured. The educational opportunities, resident and faculty achievements, and our team of caring staff all make Medical Education here outstanding. We look forward to working with you throughout your residency, so that you can experience first hand what makes the Mount Carmel experience something extraordinary and will make you family.

Mission Statement

Graduate Medical Education fully embraces and furthers the MCHS mission by its commitment to the development of art and science of medicine by educating our resident physicians to become competent, compassionate, outcome-oriented, cost-effective healthcare providers following the ACGME guidelines and under the supervision of our teaching faculty and staff in an evolving, contemporary, community-based, university-affiliated comprehensive healthcare system.

Medical Education Leadership and Administration

The institutional administration of Graduate Medical Education takes place under the auspices of the Department of Medical Education, which is under the leadership and supervision of the Health System's Senior Vice President and Chief Medical Officer, Richard Streck, MD, MBA. The Department of Medical Education is led by the Designated Institutional Official (DIO), who also serves as the Director of Medical Education. The Graduate Medical Education Committee (GMEC) that consists of medical education administration, program directors, resident representatives, and hospital administration representatives, is charged with developing institutional policies and procedures pertaining to GME and collaborates with the DIO/DME in overseeing the implementation of ACGME requirements and guidelines by the institution and by each residency program.

Current Medical Education Leadership information is as follows.

Richard Streck, MD, MBA
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(providing oversight and supervision to Medical Education)
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Li Tang, EdD, MA, MPH
Interim Designated Institutional Official and Director of Medical Education
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Mike Slaper, MSHA
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Residency Program Leadership and Administration

Each of the six residencies has a designated physician Program Director and a Program Administrator. They work closely with the Medical Education leadership, faculty and resident physicians to assure full compliance with all ACGME accreditation requirements. Their contact information is as follows.

Family Medicine

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Orthopaedic Surgery

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Surgery

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Transitional Year

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II. ACGME Common Program Requirements on General Competencies

According to the ACGME common program requirements, each residency program must integrate the following six core competencies into its curriculum and ensure that its resident physicians acquire these competencies to the level of a beginning practicing physician. Programs therefore must define the specific knowledge, skills, behaviors, and attitudes required and provide necessary educational experiences to achieve the educational goals and objectives.

Patient Care

Resident physicians must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health programs and the promotion of health.

Medical Knowledge

Resident physicians must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

Practice-based Learning and Improvement

Resident physicians must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Resident physicians are expected to develop skills and habits to be able to meet the following goals:

(1) Identify strengths, deficiencies, and limits in one's knowledge and expertise;

(2) Set learning and improvement goals;

(3) Identify and perform appropriate learning activities;

(4) Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;

(5) Incorporate formative evaluation feedback into daily practice;

(6) Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;

(7) Use information in the education of patients, families, students, resident physicians and other health professionals.

Interpersonal and Communication Skills

Resident physicians must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and other health professionals. Resident physicians are expected to:

(1) Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;

(2) Communicate effectively with physicians, other health professionals, and health related agencies;

(3) Work effectively as a member or leader of a health care team or other professional group;

(4) Act in a consultative role to other physicians and health professionals; and

(5) Maintain comprehensive, timely, and legible medical records, if applicable.

Professionalism

Resident physicians must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Resident physicians are expected to demonstrate:

(1) Compassion, integrity, and respect for others.

(2) Responsiveness to patient needs that supersedes self-interest;

(3) Respect for patient privacy and autonomy;

(4) Accountability to patients, society and the profession; and

(5) Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

Systems-based Practice

Resident physicians must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Resident physicians are expected to:

(1) Work effectively in various health care delivery settings and systems relevant to their clinical specialty;

(2) Coordinate patient care within the health care system relevant to their clinical specialty;

(3) Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;

(4) Advocate for quality patient care and optimal patient care systems;

(5) Work in interprofessional teams to enhance patient safety and improve patient care quality; and

(6) Participate in identifying system errors and implementing potential systems solutions.

III. Resident Physician Appointment Policies

ACGME Guidelines: Institutional Requirements

Part II, Section D. Agreement of Appointment

1. The Sponsoring Institution and program director must assure that resident physicians are provided with a written agreement of appointment/contract outlining the terms and conditions of their appointment to a program.

2. The Sponsoring Institution must monitor programs with regard to implementation of terms of conditions of appointment by program directors.

3. The Sponsoring Institution and program directors must ensure that resident physicians are informed of and adhere to established educational and clinical practices, policies, and procedures in all sites to which resident physicians are assigned.

4. The resident agreement/contract must contain or provide a reference to at least the following institutional policies:
    a. Resident physicians' responsibilities
    b. Duration of appointment
    c. Financial support; and,
    d. Conditions for reappointment
        (1) Non-renewal of appointment or non-promotion: In instance where a resident's agreement will not be renewed, or when a resident will not be promoted to the next level of training, the Sponsoring Institution must ensure that its programs provide the resident(s) with a written notice of intent no later than four (4) months prior to the end of the resident's current agreement. If the primary reason(s) for the non-renewal or non-promotion occurs within the four months prior to the end of the agreement, the Sponsoring Institution must ensure that its programs provide the resident(s) with as much written notice of the intent not to renew or not to promote as circumstances will reasonably allow, prior to the end of the agreement.
        (2) Resident physicians must be allowed to implement the institution's grievance procedures if they receive a written notice either of intent not to renew their agreement(s), or of intent to renew their agreement(s) but not to promote them to the next level of training.

    e. Grievance procedures and due process: The Sponsoring Institution must provide resident physicians with fair, reasonable, and readily available written institutional policies and procedures for grievance and due process. These policies and procedures must minimize conflict of interest by adjudicating parties in addressing:
        (1) Academic or other disciplinary actions taken against resident physicians that could result in dismissal, non-renewal of a resident's agreement, non-promotion of a resident to the next level of training, or other actions that could significantly threaten a resident's intended career development; and
        (2) Adjudication of resident complaints and grievances related to the work environment or issues related to the program or faculty.

A. Initial Appointments and Reappointments

Appointments to a Graduate Medical Education residency program sponsored by the Mount Carmel Health System Medical Education are limited to a one-year period of time. While it is anticipated that the additional one-year appointments will be made for the period of time for a resident to receive reappointment and promotion through all required level of training of her/his specialty, initial appointment to a residency does not, in and of itself, guarantee promotion and reappointment.

Each residency program shall advance each resident to a higher level of post-graduate training according to their satisfactory achievement of program-developed milestones in the competencies specified by the ACGME and by the program, as well as their satisfactory progressive scholarship and professional growth. Specifically, reappointment and promotion of a resident to a higher level of training shall be based upon completion of **ALL** required curricular program requirements for the current level of training, satisfactory evaluation, and evidence of expected level of competencies as specified by ACGME and each residency program. In addition, resident physicians standing for reappointment must also meet all physician eligibility requirements as outlined in the Mount Carmel Health System Medical Staff Policies.

B. Performance Evaluation

Resident physicians' performance must be regularly evaluated by key teaching faculty, other attending physicians and healthcare professionals involved in resident training, and the program directors. Each Program Director is responsible for providing resident physicians with clearly written residency program standards, including learning goals and objectives for both didactic and clinic education activities, and standards for evaluating resident physicians. Such standards shall include, but are not limited to resident physicians' knowledge, skills, personal growth and development, and attitude.

Each residency program must demonstrate that it has an effective mechanism or infrastructure for assessing resident performance, as indicated above, throughout the training and for utilizing the results to improve resident performance. The mechanism should include:

a. The use of methods that produce an accurate and comprehensive assessment of resident physicians' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
b. Mechanisms for providing regular and timely performance feedback to resident physicians, which must be consistent with program specific requirement and include a minimum of the following:

    1. Written summative evaluations that are communicated to each resident in a timely manner. These include formal evaluations of knowledge, skills, and professional growth of resident physicians, areas for improvement, and action plans for improvement.

    2. Evaluation results in the original form (completed by faculty) or in compiled form (completed by others) for each resident physicians that is accessible to the resident.

c. A process involving use of assessment results to achieve progressive improvement in resident physicians' competence and performance.

d. More frequent evaluations and discussions with the resident should occur and be documented if significant problems are identified. A course of remediation should be implemented and progress tracked.

The final determination of a resident's satisfactory performance and advancement to the next level of training is in the sole discretion of the faculty and Program Director of each residency program.

The program director of each residency must provide a final evaluation for each resident who completes the training program. The evaluation must include a review of the resident's performance during the final year of training and should verify that the resident has demonstrated sufficient professional ability to practice independently. The final evaluation must be part of the resident's permanent record and maintained by the program.

C. Non-Promotion

If a determination is made by a residency program that a Resident at the current training level does not satisfy all program requirements, the residency program reserves the right to deny promotion of the resident to the next training level. At the discretion of the Program, the Resident's appointment may be renewed, and the Resident may be required to repeat all or part of the training deemed to have been unsatisfactory.

Non-promotion will be based on the Program's evaluation of the Resident's performance and progress according to the Program's requirements and expectations for the Resident's training level. In the event the Residency Program elects to renew a Resident's appointment but not to promote her/him to the next training level, the Program shall provide the resident with one hundred and twenty (120) days' advance written notice prior to the expiration of the current contract agreement. If the primary reason(s) for the non-promotion occur(s) within the 120 days prior to the end the current agreement, the Program should provide the Resident with as much written notice of the intent not to promote as circumstances will reasonably allow prior to the expiration of the agreement. The Resident has the right to implement the grievance procedure following the Grievance Procedure and Due Process guidelines.

D. Non-Renewal

If a determination is made by a residency program that a Resident at the current training level fails to meet all program requirements, the residency program reserves the right to not renew the appointment. Such conditions include but are not limited to the following:

- The Resident fails to meet the performance or conduct of the general competencies as specified by the ACGME and the Residency Program for the PGY level, or unable to make reasonable progress towards those standards within the given time frame.
- The Resident places the welfare and safety of any patient in jeopardy.
- The Resident's actions are not commensurate with standard medical practice;
- The Resident displays conduct not commensurate with good moral standards including, but not limited to, unprofessional conduct;
- It is believed that the Resident's effective capacity has been seriously diminished by emotional, mental or physical factors/impairment;
- The Resident fails to fulfill residency responsibilities; or
- The Resident consistently fails to keep charts, records and reports, accurate, current and signed, including discharge summaries.

In the event a Resident's contract will not be renewed according to the residency's criteria and reappointment policy, the Resident must be notified and provided with a written notice of the program's intent not to renew her/his contract no later than **120 days** prior to the expiration of the Resident's current contract agreement. If the primary reason(s) for the non-renewal occurs within the four months prior to the end of the agreement, the Resident must be provided with as much written notice of the intent not to renew the contract as the circumstances will reasonably allow, prior to the end of the agreement. The Resident has the right to implement the grievance procedure following the Grievance Procedure and Due Process guidelines, if the Resident has received a written notice of intent not to renew the appointment and elects to file grievance against the Program's decision.

E. Resignation and Termination

A resident physician may resign from the sponsoring Residency Program with a thirty-day (30) notice of his or her intent to resign. The Resident must submit his/her resignation to the Program Director in writing. The 30-day notice may be waived at the discretion of the Program Director. All conditions of appointment will terminate on the effective date of the resignation.

A resident physician's appointment may be terminated at any time by Hospital upon notice to the resident due to the reasons that may include, but are not necessarily limited to the following: (i) academic corrective action; (ii) the Resident's breach of the Graduate Medical Education Agreement, Resident Physician Policies, or any Hospital policy; (iii) the Resident's failure to comply with applicable laws; (iv) the Resident's failure to progress in medical knowledge and/or procedural skills, as determined by the Residency program; (v) the Residency Program Director and faculty's determination that the Resident constitutes a threat to patient safety. Termination must be addressed in accordance with the GME due process policy (see Section VI).

F. Grievance Procedure and Due Process

All residency programs must encourage and ensure fair, efficient, and equitable solutions for problems/issues that arise from the decision to not promote, not to renew, or to terminate a resident's contract agreement.

If the Resident elects to appeal the Program's decision, he/she has the right to request a formal review from the Program's Education Committee. The Education Committee shall be chaired by the Associate Program Director or another member of the Committee other than the Program Director, and consist of at minimum two key faculty members. The Committee shall meet with the Resident and Program Director individually within ten (10) working days upon receiving the Resident's request. At the review meeting(s), the Program Director and Resident shall present their respective arguments and evidence relevant to the Program's non-promotion or non-renewal decision based on such factors as: severity and frequency of the deficiencies and remediation; documented formative (informal) and summative (formal) evaluation results, records of prior informal and formal corrective/disciplinary actions, and the Resident's overall performance and conduct. The Education Committee shall then deliberate and present its findings and recommendations in writing to the Program Director, who is obliged to consider these recommendations and prepare a decision in writing after reviewing the Committee's recommendation. The Resident shall then be notified of the decision in writing by the Program Director within five (5) working days of completion of the review process, whether the decision is sustained, reversed, or changed. The decision of the Program Director is final.

The Resident may appeal to the Director of Medical Education in writing for administrative review within five (5) working days of receipt of the Program Director's final decision. The Director of Medical Education shall form an Administrative Review Committee consisting of the Director of Medical Education or her/his designee, and two Program Directors from other residency programs within Medical Education. The Committee shall review all related documents within fifteen (15) working days. The responsibility of this Administrative Review Committee is to ensure that the grievance process in place has been consistent with the GME policies and Due Process has been honored. The Committee reserves the right to meet with the Program Director and Resident, if deemed necessary. The Director of Medical Education shall communicate in writing to the Program Director regarding the Committees' conclusion within five (5) working days of the completion of the review process. The Resident shall be notified in writing by the Program Director of the decision within five (5) working days of receiving the Director of Medical Education's letter.

The imposition of any disciplinary action(s) may be suspended during the appeals process, except when the Program Director in consultation with the Director of Medical Education believes that some restrictions of the Resident's responsibilities are required in the interest of patient care and safety.

All decisions shall be documented in the Resident's file. (Last revised: 05/08)

IV. Accommodation of Resident Physicians with Disabilities

Purpose of Policy

It is the responsibility of the Mount Carmel Health System (MCHS) Graduate Medical Education and its residency programs to select resident physicians who are best qualified to complete the required training and who are the most likely to become skilled, effective physicians. Resident physicians must have the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care.

Graduate Medical Education (GME) at MCHS is committed to compliance with the federal laws pertaining to people with disabilities, i.e., Americans with Disabilities Act of 1990 (ADA) and ADA Amendments Act of 2008 (ADAAA). Accordingly, GME is committed to providing reasonable accommodations to qualified resident physicians with disabilities. This policy describes the process by which current resident physicians with a disability may request reasonable accommodations.

Scope of Policy

This policy does not address the selection of resident physicians who have applied for a position in a training program. Such selection is based upon, among other things, an applicant's ability to achieve the requisite competencies in the particular specialty or subspecialty training program to which the applicant has applied, as defined by the relevant ACGME Program Requirements. An applicant will not be disqualified from consideration because of a disability or be required to disclose the existence or nature of any disability during the application process, but all applicants and resident physicians must be able to satisfy the technical standards listed below, with or without reasonable accommodation. Applicants and resident physicians who cannot meet the technical standards outlined below will not be able to fulfill the essential requirements of the training program and may be denied admission to or excluded from their program on that basis.

This policy applies to all ACGME accredited graduate medical education programs sponsored by the Mount Carmel Health System.

Responsibilities of Graduate Medical Education

It is the responsibility of all residency Program Directors, the Designated Institutional Official and Director of Medical Education, the Graduate Medical Education Committee, and the hospital administration to comply with this policy.

Qualified resident physicians who have a disability will not be excluded from participation in, denied the benefits of, or be subjected to discrimination in connection with the training programs or other services offered by MCHS. In response to a request made by a qualified resident physicians with a disability. MCHS will arrange for the provision of reasonable accommodations necessary to afford such resident physicians the full opportunity to participate in his or her training program. MCHS is not required to provide an accommodation that compromises the essential requirements of the relevant training program, imposes an undue financial burden based on MCHS' overall institutional budget, or poses a direct threat to the health or safety of the resident physicians or others.

Essential Resident Physician Technical Skills Eligibility Criteria

Graduate medical education programs must require resident physician applicants accepted into the program to develop competence in six essential areas: Patient Care, Medical Knowledge, Practice-based Learning, Systems-based Practice, Interpersonal Skills and Communication, and Professionalism.

Toward this end, residency programs in consideration of the Accreditation Council for Graduate Medical Education Essentials for ACGME Institutional and Program Requirements define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for our recruited resident physicians to demonstrate the necessary competencies. In most instances, timeliness is an essential element and requirement in performing essential technical skills and meeting necessary competencies whether or not separately expressed in these standards.

In order to achieve competency in these six areas, resident physicians accepted into an MCHS residency program, at a minimum, must have aptitude and abilities in the following areas:

Observation

- Ability to observe demonstrations and participate in clinical care and in the basic and clinical sciences determined essential by the respective faculties.
- Ability to observe a patient accurately at a distance and at close hand, noting non-verbal as well as verbal signals. Observation necessitates the functional use of the sense of vision and other sensory modalities.

Communication

- Ability to speak intelligibly, hear adequately, and observe closely patients in order to elicit and transmit information, describe changes in mood, activity and posture, and perceive nonverbal communications.
- Ability to communicate effectively and sensitively with patients using speech, reading and writing.
- Ability to communicate effectively and efficiently in oral and written English with all members of the health care team.
- Ability to possess reading skills at a level sufficient to accomplish curricular requirements and provide clinical care for patients.
- Ability to complete appropriate medical records and documents and plans according to protocol and in a comprehensive and timely manner.

Sensory and Motor Coordination and Function

- Ability to possess sufficient sensory and motor function to elicit information from patients by palpation, auscultation, percussion and other diagnostic maneuvers.
- Ability to execute motor movements reasonably required to provide general care and emergency treatment to patients. Such movements include both gross and fine muscular movements, equilibrium and function of the senses of touch and vision.
- Ability to have somatic sensation and the functional use of the senses of vision and hearing. The resident's diagnostic skills will also be lessened without the functional use of senses of equilibrium, smell and taste.
- Ability to have sufficient exteroceptive sense (touch, pain and temperature), sufficient proprioceptive sense (position, pressure, movement, stereognosis and vibratory) and sufficient motor function to permit them to carry out required activities.
- Ability to consistently, quickly, and accurately integrate all information received by whatever senses that should be employed to meet required standards of patient care.
- Sufficient intellectual ability to learn, integrate, analyze and synthesize data and to do so within timeframes essential to meet required standards of patient care.

- Ability to transport oneself or be transported without undue hardship and/or delay to a variety of off-site settings in a timely manner to provide patient care which may involve time sensitive or even critical patient needs.
- Ability to participate in rounds and patient care that may require prolonged and/or rapid ambulation or movement, with or without reasonable accommodation.

Intellectual, Conceptual, Integrative and Quantitative Abilities

- Ability to identify significant findings from history, physical examination and laboratory data, provide a reasoned explanation for likely diagnoses, prescribe appropriate medications and therapy and retain and recall information in an efficient and timely manner.
- Ability to incorporate new information from peers, teachers, and the medical literature in formulating diagnoses and plans in an efficient and timely manner.
- Ability to possess good judgment in patient assessment and in diagnostic and therapeutic planning and be able to exercise such judgment in an efficient and timely manner.
- Ability to identify, organize and communicate their knowledge to others when appropriate, in an efficient and timely manner.

Behavioral and Social Attributes Requirements

- Ability to possess the emotional health required for full use of their intellectual abilities, the exercise of good judgment and the prompt completion of all responsibilities attendant to the diagnosis and care of patients.
- Ability to exhibit the development of mature, sensitive and effective relationships with patients, colleagues, clinical and administrative staff, and all others with whom the accepted applicant interacts in the professional or academic setting, regardless of their race, ethnicity, gender, disability, religion, age or other attributes or affiliations that may differ from that of the applicant.
- Ability to tolerate physically taxing workloads and be able to function effectively when stressed.
- Ability to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical problems of many patients.
- Ability to accept appropriate suggestions and criticism and, if appropriate, respond by timely modification of behavior, diagnosis, clinical approach or regimen.

Requesting Accommodations

Resident physicians who wish to seek reasonable accommodation must submit to the Program Director of her/his residency program current documentation from a qualified professional that:

(1) verifies the existence of a disability by articulating a diagnosis;

(2) describes the nature and severity of any functional limitations that result from the disability, including in particular how the disability affects the resident physician's ability to comply with the technical standards applicable to their program;

(3) describes the duration for which any such functional limitations are expected to continue; and

(4) suggests any possible reasonable accommodations that he or she may consider appropriate in light of the technical standards needed to competently and independently practice their specialty.

To familiarize themselves with the range of reasonable accommodations that may be available for persons with a disability and other information regarding disability resources, resident physicians are encouraged to contact **Human Resources** at **234-1108.**

It is the resident physician's responsibility to arrange for the required documentation, and MCHS is not required to pay for any required diagnosis or testing. The type, nature, and extent of documentation required may vary depending on the disability at issue. Periodically, resident physicians may have to update or augment documentation to ensure that MCHS has all of the information necessary to evaluate a request for reasonable accommodation. To determine whether the required documentation is adequate or an accommodation is reasonable, MCHS may reserve the right to seek input on a confidential basis from outside service providers.

04/09

V. Supervision of Resident Physicians

According to the ACGME program requirements, the Program Director of each residency must ensure, direct and document adequate supervision of resident physicians at all times. Resident physicians must be provided with effective and reliable systems for communicating with the Program Director and supervising faculty.

Faculty schedules must be structured to provide resident physicians with continuous supervision and consultation.

Faculty and resident physicians must be educated to recognize the signs of fatigue and stress, and to adopt and apply policies to prevent and address the potential negative effects.

Duty Hours and On-call Policy

ACGME requires that all residency programs must be committed to and be responsible for promoting patient safety and resident well-being and to providing a supportive educational environment. Medical Education and all its residency programs strictly follow the current ACGME regulations on duty hours and on-call activities, as stated below.

- Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
- Resident physicians' duty hours must be limited to 80 hours per week, averaged over a four-week period, including all in-house call activities.
- Resident physicians must be provided with one (1) day in seven (7) free from all educational and clinical responsibilities, average over a four-week period. One day is defined as one (1) continuous 24-hour period free from all clinical, educational and administrative duties.
- Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.
- In-house call must occur no more frequently than every third night, average over a four-week period.
- Continuous on-site duty, including in-house calls, must not exceed 24 consecutive hours. Resident physicians may remain on duty for up to six (6) additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
- No new patients may be accepted after 24 hours of continuous duty.
- The frequency of at-home calls is not subject to the every-third-night, or 24+6 limitation. However, at-home calls must not be so frequent as to preclude rest and reasonable personal time for each resident.
- Resident physicians taking at-home calls must be provided with one-day in seven completely free from all educational and clinical responsibilities, average over a four-week period.
- When resident physicians are called into the hospital from home, the hours resident physicians spend in-house are counted toward the 80-hour limit.
- The Program Director and the faculty must monitor the demands of at-home calls and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

Moonlighting

According to the ACGME requirement, moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Specifically, Medical Education follows the following ACGME guidelines regarding resident physicians' moonlighting internally and/or outside of the hospital system.

- Moonlighting is permitted only if a resident physician secures the approval of his/her Program Director, who may withdraw the permission at any time, if he determines that the moonlighting is interfering with the resident's progress and/or performance, or if it is in conflict with guidelines promulgated by the ACGME or other legislative or regulatory agency.
- The Program Director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the ACGME Institutional Requirements. Accordingly, the Program Director may require periodic reports of a resident's moonlighting hours.
- Internal moonlighting must be considered part of the 80-hour weekly limit on duty hours. Any moonlighting a resident does at Mount Carmel hospitals and/or any of the Mount Carmel's clinical sites will be counted towards her/his 80-hour weekly limit on duty hours.
- Resident physicians who conduct moonlighting outside the MCHS' hospitals are subject to the professional liability indemnification. MCHS will not be responsible for their malpractice liability and personal insurance.

Timekeeping

Per ACGME duty hour requirements, all resident physicians must enter duty hours and time-off into the Medical Education's web-based duty-hour tracking program, New Innovations, in a minimum frequency of every 48 hours. Each residency's Program Director will work with faculty to decide the disciplinary actions in addressing non-compliance situations. Continued non-compliance will necessitate an addendum to a resident's file to accompany all summaries of performance stipulating unprofessional behavior.

Per the Mount Carmel Health System policy, all resident physicians are responsible for the accurate documentation of their personal Paid Leave Time (PLT) and Moonlighting using the MCHS' LaborWorkx timekeeping system.

Content, Access, and Retention of Resident Physician Personnel Files

Each residency program maintains a permanent personnel file for each resident physician during and after their residency. The file should contain at minimum a record of the resident's complete residency application documents, employment contracts, medical licensure, performance evaluations, procedure lists, teaching conference attendance records, in-training exam scores, research project records, and rotation information.

The resident physicians' personnel files are treated as confidential and maintained in the office of each residency's Program Administrator's office. It is accessible only to the Program Director, Director of Medical Education, Associate Director of Medical Education, Assistant Director of Medical Education, and the related Program Administrator.

Only the Program Director of the resident and/or Director of Medical Education may disclose the file, or portions thereof, at the request of a third party, which they judge as having a legitimate reason for accessing the information, e.g. for matters relating to the education of the trainee, the quality of education in the program, or the quality of patient care in the program. The Program Director and/or Director of Medical Education may also disclose the file, or portions thereof, to a third party, as requested in writing by the resident physician.

With a reasonable request, each resident physician may have access to his or her own file under the direct supervision of a Medical Education staff member.

Dress Code and Professional Appearance

Relationships with patients and with other professionals are often impacted by a physician's appearance. As part of the ACGME core competency training, Graduate Medical Education requires that all resident physicians abide by the following MCHS policy regarding professional appearance.

MCHS Human Resources POLICY: 510.1
Mount Carmel's Professional Appearance philosophy is that our Associates continuously present a professional, positive and consistent image to those we serve and to the community at large.

Detailed information regarding the dress code and professional appearance can be found in Appendix A.

Resident physicians are permitted to wear scrubs, which should be neat and clean, on some services or during some duty hours that are deemed appropriate by the residency program. While on clinic duties in the hospital, resident physicians are required to wear clean white lab coats. Those resident physicians who do not follow the hospital and GME attire policies will be counseled by their Program Director and faculty, if their appearance is deemed inappropriate.

Ethical and Religious Directives

As a Catholic healthcare system, MCHS has a set of values and policies regarding ethical and religious directives and the religious care of patients that you should become familiar with and abide by while practicing medicine at MCHS as a resident physician. A copy of the Overview of the Ethical and Religious Directives for Catholic Health Care Services, composed by the United States Conference of Catholic Bishops, is included in the Handbook for your reference. Related ethical issues will be discussed at GME and residency level teaching conferences as part of your required medical ethics curriculum.

Detailed Information can be found in Appendix B.

Medical Records

All resident physicians are required to complete medical records in a timely manner, i.e., within 24 hours. Mandatory components of Graduate Medical Education include but are not limited to: dictation of chart summaries, signing of patient orders, and compliance with the rules and regulations of the clinical services, medical record, and billing and coding departments within MCHS. Failure to complete medical records promptly and accurately indicates failure to deliver quality care of patients and is considered grounds for academic corrective actions.

When delinquency of completing medical records (defined as 10 or more records that are not completed within 30 days of patient discharge, or when one or more records are six (6) months delinquent) is identified during an audit, the disciplinary procedure to be followed will include: notification of delinquencies to the resident's Program Director through email. If records are not completed by deadline (excluding any vacation time), the resident physician will be removed from all clinical duties and educational activities (excluding call responsibilities), until the delinquency is resolved.

If applicable, all medical records a resident physician is expected to complete must be satisfactorily completed prior to her/his graduation. If a graduating resident physicians fails to do so, when he/she requires verification of training certification for hospital privileges at a later date, the Residency Program reserves the right to append an official statement to the certification indicating that he/she did not fulfill institutional requirements for the timely completion of Medical Records.

VI. Resident Physician Benefits Policies

Financial Support: Stipends

Mount Carmel Health System supports graduate medical education by providing competitive financial support and benefits to resident physicians. As part of the resident physician contract agreement with Graduate Medical Education, you will receive your compensation in the form of salary.

Your annual salary compensation is determined by your PGY level in the residency program. Attainment of each higher level of training will merit an increase of your annual salary, subject to the hospital senior administration's approval. All resident physicians at any given PGY level of training are compensated at the same salary rate. There is no differential from specialty field to specialty field.

Food Stipend

At the beginning of each academic year (July through June) resident physicians will have their MCHS ID badge loaded with food stipend. The food stipend will correspond to the dollar amount that has been budgeted for and approved by the hospital administration and the Graduate Medical Education Committee (GMEC).

a. Resident physicians in the following programs will receive the full MCHS budgeted amount:
   Family Medicine
   Internal Medicine
   Orthopaedics
   Surgery
   Transitional Year

b. Resident physicians of the OSU-MCHS integrated OB/GYN residency program will have their MCHS IDs loaded with a stipend directly proportional to the amount of time they will spend at a MCHS facility during the course of the academic year. The proportional amount will be based on a review of the Master Rotation Schedule that is provided to MCHS at the beginning of each academic year.

   Resident physicians are responsible for tracking the balance of their stipend spending.

c. A quarterly (September, December, March, and June) report will be available to the Program Administrator of each respective residency program indicating how much of the stipend each resident has remaining. At these times the Program Administrator may share with the resident physicians their remaining stipend balance. The report will be provided to the Program Administrators on the first business day of the aforementioned months.

   Resident physicians are permitted to use the full amount of the stipend that is loaded onto their ID badge each academic year. Any balance remaining at the end of the academic year (last day of June) will be zeroed out prior to the following year's stipend being loaded.

d. Resident physicians are entitled to purchase food from various locations at MCE, MCW, and MCSA. Resident physicians can use the stipend to purchase food and drink but are prohibited from purchasing gift cards for any of the various dining locations at a MCHS facility.

e. There is a per diem to how much a resident can spend; this amount has been set at $35. In the event that a resident reaches and tries to exceed this daily allowance the resident will be notified by the cashier at the MCHS dining facility and the resident will be personally responsible for paying the difference of the meal.

Any problems or issues that a resident may encounter should be brought to the attention of the Program Administrator for their program immediately.

Professional Liability Insurance

As an employee of Trinity Health you are provided Medical Malpractice Insurance coverage during the term of your employment (Residency) under the Trinity Health Professional Liability Insurance Program for any actions arising out of the scope of your employment at Trinity Health. This does not extend to patient care activities outside of your employment with Trinity Health. Should you leave the employment of Trinity Health, you will continue to be provided with coverage for professional activities performed during, and arising out of, your employment by Trinity Health, whenever such claims are asserted (tail coverage). Although the limits of liability under the Professional Liability Insurance Program vary from year to year, at a minimum they currently provide Five Million Dollars ($5,000,000.00).

Medical Plans

MCHS offers two medical plan options, Standard Plan and High Plan, to resident physicians that provide a broad range of health benefits, including scheduled wellness visits, routine physician office visits, emergency care, hospitalization and extended home and hospice care. The hospital system pays a substantial portion of the Medical Plan's contribution rates. Some services require a co-pay only, while other services are subject to an annual deductible and co-insurance. There are no exclusions for pre-existing conditions. New resident physicians are eligible for the Medical Plan coverage on the first day of employment and must enroll within the first 31 days of employment to become qualified for their selected Medical Plan.

For detailed information on the two medical plans, please refer to Appendix C.

Prescription Plan

As a provision of the Medical Plan, a prescription drug benefit is administered through affiliated pharmacies. A service fee is charged for each prescription or refill. A money-saving mail-in program is also available. Prescription coverage is automatic upon enrollment in the Medical Plan.

Dental Plans

Resident physicians also have a choice of two dental plans. Both plans pay 100% of preventive dental care services. Services above and beyond preventive dental care are subject to a deductible. The Standard Plan provides an annual per-person benefit maximum of $1,000 per calendar year. The High Plan provides a per-person benefit maximum of $1,500 per calendar year; and also provides a per-person lifetime benefit of $1,500 for orthodontia up to age 19. New resident physicians are eligible for the Dental Plan coverage on the first day of employment and must enroll within the first 31 days of employment to become qualified for their selected dental plan.

Vision Plans

MCHS provides resident physicians with two Vision Plans, Standard Plan and High Plan, that give them access to a nationwide network of private-practice optometrists and ophthalmologists, as well as conveniently located retail stores. Both plans provide coverage for an annual vision exam, lenses, frames and contact lenses. New resident physicians are eligible for the Vision Plan coverage on the first day of employment and must enroll within the first 31 days of employment to become qualified for their selected vision plan.

Life and Accidental Death and Dismemberment Insurance

MCHS provides basic life insurance and accidental death and dismemberment insurance to resident physicians at an amount equivalent to their annual base salary, rounded up to the next $1,000. The system pays the full cost of basic life and accidental death and dismemberment insurance.

The Optional coverage pays in the amount of one to five times of a resident physician's annual salary, rounded up to the next $1000. The spouse and child life insurance may also be elected. In this case, the resident physician will be responsible for paying for supplemental, spouse and child insurance coverage.

New resident physicians are eligible for the insurance coverage on the first day of employment and must enroll within the first 31 days of employment to become qualified for these insurance plans.

Employee Assistance Program

Mount Carmel's Employee Assistance Program (EAP) provides short-term counseling and assessment services for resident physicians and their immediate families. The system pays the full cost of administering these services. Any Medical Plan participant must access psychiatric and substance abuse services through the EAP in order for services to be covered under the Medical Plan. Resident physicians and their immediate families may participate in the EAP program immediately upon date of employment.

For detailed information regarding EAP, please refer to Appendix D.

Disability Plans

If a Resident physician becomes totally or partially disabled (unable to do the majority of occupational duties) due to an accident or illness, the plan may provide $3,000 per month of disability benefit after a 90 day waiting period. For partial disability, the benefit amount is based on a loss of income percentage. Mount Carmel pays the full cost of administering the Long-term Disability Plan. Eligibility begins immediately upon hire, no enrollment is necessary.

Upon completion of Residency, resident physicians are eligible to take the disability coverage provided by Mount Carmel with them to their post-residency position. At the time of leaving the residency program, resident physicians have the right to increase their coverage on a "Guaranteed Issue" basis.

Pre-Paid Legal Plan

A pre-paid Legal Plan is available to resident physicians to provide low-cost access to a wide variety of personal legal services. All covered services are paid in full, with no deductibles or co-pays. Covered services include office consultation, telephone advice, consumer protection, wills and codicils, living wills, living trusts, identity theft and more. Associates must use an in-network provider. New resident physicians are eligible for the Legal Plan upon employment, but must enroll within the first 31 days of hire.

Pension Plan

Mount Carmel provides a supplemental income for its associates' retirement based on a formula including benefit years of service and final average pay. For resident physicians who plan to continue to work in the MCHS hospitals after completing their residency, they will be vested after five (5) years of continuing service at MCHS, with at least 1,000 worked hours each year. Mount Carmel pays the full cost of the pension plan. New resident physicians can participate immediately upon employment.

403(b) Retirement Savings Plan

The Retirement Savings Plan allows participants to set aside a portion of their pay on a pre-tax basis, decide how their contributions are invested and receive an employer-matching contribution to the retirement savings plan match account. Participants can contribute up to twenty-five (25) percent of their pay to the plan (limited by IRS regulations) and are always one hundred (100) percent vested in their contributions. The employer-matching contributions will be vested after three (3) years of vesting service with at least 1,000 worked hours each year. Associates may participate immediately upon hire.

After-Tax Savings Plan

The After-tax Savings Plan can help you save for the future. Contributions are made on an after-tax basis. Interest earned on these contributions is not taxed as long as it remains in the plan. Associates may participate immediately upon hire.

Paid Leave Time (PLT)

PLT is a bank of hours available for Associates to use for holidays, vacations and short-term absences. Any unused hours are forfeited at the end of each year. The bank is built with the following hours:

PLT for PGY-1 Residents	PLT for PGY 2-5 Residents
10 vacation (80 hours)	15 vacation (120 hours)
7 sick (56 hours)	7 sick (56 hours)
6 holidays (48 hours)	6 holidays (48 hours)

Leave of Absence

All resident physicians away from work for more than five (5) calendar days for non-vacation time must apply for a Leave of Absence. Eligible Resident Physicians may request Family Medical Leave (FMLA) or Medical Leave by contacting the LOA hotline at **614-234-5627** (LOAS). Eligible resident physicians may request Personal Leave (including education and mission-oriented leave) or Military Leave by contacting Human Resources. Resident physicians should contact the LOA Hotline / Human Resources at least thirty (30) days in advance of an anticipated Leave of Absence (LOA), or as soon as possible for an unexpected leave of absence. When a resident physician becomes aware of a need for FMLA leave less than thirty (30) days in advance, it should be practicable for the resident physician to provide a notice of the need either the same day or the next business day. When the need for a leave is not foreseeable, a resident physician must comply with Mount Carmel's usual notice and procedural requirements for requesting leave.

For detailed information, please refer to Appendix E: Section 750 of the Human Resources Policy and Procedure Manual.

Absences from the residency in excess of what is allowed by the RRC and Board must be made up in order for resident physicians to fulfill the requirements for completion set forth by the ACGME.

Health Care Flexible Spending Account

The health care flexible spending account is an optional benefit which allows resident physicians to set aside money each pay period on a pre-tax basis to reimburse themselves for eligible expenses not covered by the Medical, Dental or Vision Plans. In order to participate, a resident physician may set aside a minimum contribution of $130 per year up to a maximum contribution of $5,000 per year. Any unused balance at the end of the plan year will be forfeit. Eligibility begins immediately upon employment, but resident physicians must enroll within the first 31 days of employment.

Dependent Care Flexible Spending Account

The dependent care flexible spending account is an optional benefit which allows resident physicians to set aside money each pay period on a pre-tax basis to reimburse themselves for eligible expenses related to the care of a parent, spouse or child. In order to participate, a resident physician may set aside a minimum contribution of $130 per year up to a maximum contribution of $5,000 per year. Any unused balance at the end of the plan year is forfeit. Eligibility begins immediately upon employment, but Associates must enroll within the first 31 days of employment.

Voluntary Benefits

Resident physicians can choose to participate in a variety of insurance plans offered by the Farmington Company at a group rate. Most of the programs may be taken with you should you leave Mount Carmel with no change in premiums or benefits. Some of the offerings include: Short Term Disability, Auto/Home Owners Insurance, Universal Life Insurance, Pet Insurance and many others.

Medical Education Event Attendance and Reimbursement

Graduate Medical Education supports the continuing education of our resident physicians outside MCHS with designated but limited funding capacity. To be eligible for these education opportunities, you are required to present, at minimum, a brochure of the conference you are interested in attending and reasons for attending the event to your Program Director for approval. If approved, the appropriate conference form must be signed by the Program Director and hospital administration before you can register for the event. This request must also be submitted to the Chief Resident, at latest, by the first day of the month preceding the conference for the appropriate call coverage.

These GME approved educational events must be held within the continental United States, which may include paper presentation and poster presentations that might be accepted by a medical professional association or organization.

Once approved by all involved, the Resident will work with the program administrator to prepare any pre-arrangements of payment of registration, hotel, etc.

Reimbursable items include hotel, conference registration, lodging, travel (e.g., airfare or mileage (based on the most expedient and economical means of travel). Travel expenses cannot exceed the round-trip economy airfare from Columbus, Ohio to the destination. If the resident physician stays in the hotel where the conference is being held, car rental is not permitted. Upon returning from the educational events, receipts for reimbursable items must be submitted to the Program Administrator within seven (7) business days.

Research Activities and Funding

Medical Education supports the scholarly pursuits of the Resident physicians in the training programs at Mount Carmel and the opportunity to present papers at scholarly meetings.

To be eligible for research dollars for any sort of paper or poster presentation, approval must be granted by the Program Director. When requesting approval from the Program Director an itemized budget must accompany the request, detailing exact expenses. These expenses must be within the boundaries stated in the Medical Education policy on Education Travel and Reimbursement.

Extramural GME Rotations

Medical Education supports the continued education of the Resident physicians in the training programs at Mount Carmel.

Resident physicians may apply for extramural rotations for professional development purposes. Rotation(s) outside Mount Carmel will only include experiences not available within the MCHS system. In such cases, approval of an outside rotation is required by the Program Director and DIO/DME. After approval is granted, a form assuring Medicare reimbursement to Mount Carmel will be mailed to the participating institution where the rotation will take place. This form allows Mount Carmel to file for reimbursement for the outside rotation.

If a resident physician is insistent upon doing a rotation outside of the Mount Carmel Health System after the Program Director has advised the Resident that the rotation is available at MCHS sites, he/she may take the rotation without pay, with approval from the Program Director and Director of Medical Education.

All requests for extramural rotations must be approved by the Program Director and Director of Medical Education sixty (60) days before the rotation begins.

VII. Resident Physician Personal Responsibilities

Professional Fees

As a condition of acceptance to the Residency Program, each resident physician waives all rights to fees for professional services, regardless of the level of participation in the care of the patients. Such fees will be collected on behalf of the supervising professional staff.

Medical Licensure and DEA/NPI Certificate Requirements

All resident physicians must obtain a license to practice medicine in the state of Ohio. To participate in a residency program, you can obtain licensure by examination, (USMLE or COMLEX) reciprocity, or a Training Certificate. We urge you to obtain permanent licensure as soon as you have met the proper requirements. The hospital will reinforce this requirement for each Resident to obtain the required certificate.

In order to prescribe narcotics and controlled drugs to outpatients, you must be a licensed physician registered with the Drug Enforcement Administration (DEA). If you hold a TEMPORARY certificate and are using a special registration number (under the provisions of the Ohio Revised Code), you may write prescriptions for controlled substances within the limits of your practice and training and within the physical confines of the hospital or facilities for which your temporary certificate is issued. You must use the hospital DEA registration number and a hospital code number assigned by the pharmacy. Numbers are assigned upon request and reported to the Ohio State Board of Pharmacy and the Ohio State Medical Board.

You are required to obtain your own permanent DEA registration number. You may apply as soon as you have obtained a permanent Ohio license to practice medicine. Applications are available in the pharmacy.

You are also required to obtain a National Provider Identifier (NPI) number at the beginning of your training program. The NPI number serves as a unique physician identifier used in administrative and financial transactions by and between covered health care providers as defined by the Health Insurance Portability and Accountability Act (HIPAA).

You should work with your residency's Program Administrators to complete the application process and file the paperwork to receive an assigned number.

Additional information regarding the NPI can be found at www.cms.hhs.gov.

Physical Examination

All new resident physicians are required to have a physical examination with necessary laboratory work as deemed appropriate by Mount Carmel. The Medical Education office will schedule, and Associate Health Services will provide these examinations. Compliance with this requirement is MANDATORY, per the Ohio Code for Licensure of Maternity Hospitals. Resident physicians who do not comply with the Associate Health Services Policy may be suspended by the Program Director or DME without pay, pending compliance with Associate Health Services Standards.

Tuberculosis Screening

TB screening is mandatory every year for all resident physicians per MCHS policy.

Immunizations

Vaccinations are not initiated until after resident physicians start residency training at MCHS. Specifically, the following immunizations are required for all resident physicians:

Hepatitis B: Offered to those at risk based on Job Code, it is the responsibility of resident physicians to do all follow-ups and complete the Hepatitis B immunization series as required.

Annual Flu Shots: Annual flu shots are recommended and provided by the Employee Health Services.

VIII. Physician Impairment Policy and Support Resources

ACGME Guidelines: Institutional Requirements

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k) Counseling services: The Sponsoring Institution should facilitate resident physicians' access to confidential counseling, medical, and psychological support services.

l) Physician impairment: The Sponsoring Institution must have written policies that describe how it will address physician impairment, including that due to substance abuse.

Purpose

Graduate Medical Education (hereinafter GME) is committed to quality resident education and providing quality and safe patient care, which can be compromised if a resident physician is suffering from physical, psychiatric, and/or emotional conditions that impair his or her ability to learn and provide patient care safely and competently. Mount Carmel Health System (hereinafter MCHS) has a Medical Staff Impairment and Health Policy that addresses physician impairment and related issues. As associate members of the Medical Staff, resident physicians shall refer to the policy for detailed information whenever deemed necessary.

In addition, GME has established the following policy that is intended to provide GME specific guidance to resident physicians regarding physician impairment issues, and to provide procedure guidelines to residency programs, resident physicians, and other Medical Education associates in dealing with physician impairment issues.

Policy

a. Specific education and reference materials shall be provided to resident physicians regarding physician impairment, including the recognition of impairment in physicians, and proper procedure to assist a resident physician when there is a concern for possible impairment.

b. All concerns of this nature shall be brought directly to the Program Director of the impacted resident physician. Further management of the situation shall be at the discretion of the program and its leadership. The Director of Medical Education (hereinafter DME) shall be immediately informed of the concern(s) and the plan for assisting the impacted resident physician.

c. Resident and staff physicians have the moral and ethical obligation to report an impaired resident physician to protect patient safety and the integrity of the institution. Such reporting will enable the residency program and GME leadership to address the impairment issue in a timely manner, which may not necessarily result in punitive action against the impaired resident physician.

d. GME and the residency program leadership shall empower and ensure confidentiality to those resident physicians who bring forward the issues of impairment, and protect the confidentiality of those resident physicians who struggle with impairment issues.

Mechanism

a. The resident physician who is suffering from an impairment that affects their education is encouraged to voluntarily bring the issue to the Program Director so that appropriate steps can be taken to protect their patients and to assist the resident physician.

b. If any associate within Medical Education has a concern that a resident physician has an impairment issue that may affect their education and ability to provide patient care, a confidential report shall be submitted to the Program Director and DME, who shall appropriately document the report.

c. If any associate within Medical Education or the Hospital System has a concern that a resident physician is unable to provide safe and proper patient care due to impairment issues, an immediate response is necessary in order to protect the safety of patients. This associate shall immediately notify the resident physician's Program Director and/or the DME. The Program Director shall assess the resident physician to determine if the concern is valid.

d. If the concern is validated and confirmed, the resident physician shall be relieved of all patient care responsibilities in an appropriate and timely manner. In the case of alcoholism and/or substance abuse, the immediate suspension of the resident physician's clinic duties shall be warranted.

e. The Program Director shall request that the resident physician's health status be assessed by a physician specialist or service outside Medical Education [e.g., Employee Assistance Program (EAP)] and have the results provided to the Program Director and the DME. Release of Information forms must be signed by the resident physician for the treating physician to release any information.

f. When a resident physician's impairment is confirmed, the Program Director shall meet with him or her and discuss the issue within <u>two</u> (2) working days. After the meeting, the Program Director shall inform other associates who are directly involved in the resident physician's education, and members of the Residency program's Education Committee on a need-to-know basis.

g. Depending on the nature and severity of the impairment of the impacted resident physician, the Program Director may offer one or more of the following options (but not limited to these options) to the impaired resident physician:

    1. Recommend that the resident physician voluntarily take a leave of absence (please refer to the hospital <u>Human Resources Policies and Procedures Manual</u>, 745.0 Leave of Absence, for specific guidelines), during which time he/she shall participate in a rehabilitation program within or outside MCHS (e.g., State Physician Health Program or EAP at MCHS) or necessary medical treatment to address the impairment.

    2. Recommend that limitations be placed on the resident physician's academic and clinical responsibilities.

    3. Recommend that the resident physician be suspended from the Residency if the resident physician does not voluntarily agree to receiving treatment for impairment.

h. If the impairment involves substance abuse, the resident physician shall be required to participate in a rehabilitation or treatment program. The Program Director shall assist the resident physician in locating a suitable program within or outside MCHS.

i. If the resident physician agrees to abide by the treatment program set forth in (h), a confidential report shall be submitted by the Program Director to the DME for approval. If the resident physician refuses to participate in a rehabilitation or treatment program, the Program Director shall refer the matter to the DME for review and proper follow-up administrative action, as outlined in the Grievance Procedure and Due Process policy.

<u>Reinstatement</u>

a. Upon receiving proper documentation of the resident physician's satisfactory completion of the treatment plan and recovery from the impairment, provided by the rehabilitation program or treating specialist(s), the Program Director shall reinstate the resident physician to his/her former position assuming the rehabilitation has occurred within a reasonable length of time.

b. The Program Director may require periodic reports from the treatment program or treating physician regarding the update of the mental and physical status and/or condition(s) of the resident physician, if deemed necessary.

Service Programs Available for Impaired Physicians

Ohio Physicians Health Program
Contact: Stan Sateren, MD
President/Medical Director
Ohio Physicians Health Program
5900 Roach Drive, Suite 440
Columbus, Ohio 43229
Phone: 614-841-9690

Mount Carmel Employee Assistance Program (EAP)
211 West Johnstown Road
Columbus, OH 43230
Phone: 614-337-7001 or 1-800-227-3256

(Last revised: 05/08)

IX. Harassment Policy

Medical Education Leadership and Administration strictly follows the hospital policy and regulations regarding various forms of harassment. Mount Carmel will not condone or tolerate any form of sexual, physical, or verbal harassment of its associates, patients, and/or visitors. Any employee, including a resident physician, found to have harassed another employee, patient, or visitor will be subject to immediate progressive counseling, up to and including termination, as detailed in section 450 of the Mount Carmel Human Resources Manual. We also will not tolerate any retaliation against an individual who has registered a harassment complaint or who has cooperated in a harassment investigation.

If you have a complaint regarding harassment, you should direct it immediately to your Program Director, the Director of Medical Education, or the Director of Human Resources at the site hospital where the harassment incident(s) occurred. The complaint will be investigated according to the process described in the Mount Carmel Human Resources Manual (section 450), and if the investigative team finds the complaint valid, appropriate action will be taken.

X. Organizational Integrity Program

MCHS is committed to complying with all ethical, professional, and legal obligations and to fostering a culture that enables all those associated with us to fulfill these obligations.

As part of this commitment, MCHS has developed the Organizational Integrity Program to provide you with guidelines, education, and tools to help you satisfy your ethical, professional, and legal responsibilities as we pursue our healing mission. The Organizational Integrity Program also is designed to assist you to better understand and obey healthcare and other laws and regulations.

The Four-Step Process

All Resident physicians are responsible for seeking clarification to questions about the Organizational Integrity Program and for promptly reporting in good faith actual or potential wrong-doing.

1. If you have a question or concern:
   - Review at Mount Carmel Policies and Procedures.
   - Read the Trinity Health System Standards of Conduct.
   - Speak with your Program Director.
2. If you cannot ask your Program Director, or if you cannot find a policy or procedure that answers your question, please call the Director of Medical Education (**234-2144**), or the MCW Human Resources Office (**234-1108**)
3. If you do not get a satisfactory answer, call the Local Integrity Officer at 234-2191.
4. If you still need an answer, call the Trinity Health hotline at 1-866-477-4661.

To assist you in fulfilling your integrity requirements, resident physicians must participate in a compliance training program prescribed by Mount Carmel. It is your responsibility to learn about the Organizational Integrity Program and comply with all ethical, professional, and legal obligations.

Other educational mandates, such as "Conscious Sedation" or "Radiation Safety" may be required by the Medical Staff, accrediting agencies, or regulatory agencies.

XI. Risk Management and Professional Indemnification

Mount Carmel provides a comprehensive Risk Management program, which includes professional indemnification. The indemnification program is provided via our parent institution, Trinity Health.

Your coverage will indemnify and defend you for professional actions associated with your residency and within the scope of your temporary or permanent license from the Ohio State Medical Board. Should illness, provisions of the FMLA, or other leave require you to be separated from residency for more than 90 days, your coverage will be suspended until you return to training.

Should any patient, attorney, or other person contact you regarding your clinical or other involvement during your training, you should immediately report the communication to the Director of Medical Education or to Risk Management. A polite response to a direct inquiry is: "The information you have requested may be protected by federal regulations. I will have an appropriate Mount Carmel official contact you about this matter." Written requests should be submitted to the Director of Medical Education or to Risk Management.

XII. Resident Committee Representation

During residency, resident physicians will be peer elected and rotate to serve as resident representatives on various committees within Medical Education and possibly within the hospital system. Committee appointments are made on an annual basis by the Graduate Medical Education Committee.

Chief Resident physicians are automatically appointed as non-voting members to the Medical Education committee and are expected to attend monthly meetings on a regular basis. Pursuant to the ACGME Institutional Requirements, Resident-elected, peer representatives have organized a Resident's Forum to advocate Resident issues to the GMEC. Resident representatives are voting members of the GMEC.

XIII. Program Closure or Reduction Policy

Implementation is necessary if accreditation issues, financial concerns, or a disaster necessitate closure or reduction of any MCHS' ACGME accredited residency program.

Purpose: In the event that an MCHS residency program (Family Medicine, Internal Medicine, General Surgery, Orthopedic Surgery, Transitional Year) has to reduce its complement of residents or close the program, this policy is designed to coordinate the actions of all involved in the decision and its consequences (that is, MCHS administration, Board of Directors, Designated Institutional Official, Program Directors, the Graduate Medical Education Committee, faculty, administrators, medical staff, and trainees).

Policy:

1.) Closure consequent to **accreditation issues:** If adverse accreditation status affects the viability of a residency program, the administration (i.e., CEO, COO, CMO, DIO/DME and Board of Trustees], GMEC, Program Directors, faculty and residents [in person and by written letter] will be apprised within one (1) month of accreditation letter receipt from ACGME. Assistance will be provided to resident physicians who require continued training at an alternative site. Assistance will include Program Director and faculty efforts, as well as national association list-serve activity to query other ACGME accredited programs about training opportunities.

2.) Closure/reduction consequent to **financial concerns:** If financial concerns necessitate closure/reduction, the CEO, COO, CMO, DIO/DME will communicate with GMEC within one (1) month of the ACGME decision. Other necessary communication and assistance to trainees will occur as per #1) above. Every effort will be expended to permit resident physicians, if possible, to complete their training at MCHS.

3.) Closure/reduction consequent to **disasters:** Communication with all involved will take place as per #1) as soon as is possible after events that qualify as a disaster. Resident physicians' training continuity will be addressed as above. If reduction or closure is temporary, such information will be included in the in-person meeting and letter addressed to resident physicians.

Last revised: 04/06/09

DEPARTMENT OVERSIGHT AND MAINTENANCE: Human Resources

POLICY: 510.1 (Professional Appearance Policy)

Mount Carmel's Professional Appearance philosophy is that our Associates continuously present a professional, positive and consistent image to those we serve and to the community at large.

Management Responsibilities:

- The following policy provides dress and grooming requirements for all Associates. Directors and Managers are held accountable for educating, applying and enforcing this policy within their departments or business entity.

General Guidelines for all Associates:

- All Associates, through their attire, are required to create a positive and professional impression of and represent the entire organization, regardless of the amount of public contact they have.
- Business casual wear is an acceptable form of attire provided it projects a professional image. Formal business attire is appropriate at any time or may be required by your manager as circumstances dictate. Each day's dress should be planned according to your schedule for that day.
- Some departments may require a more restrictive dress code or a dress code with additional detail or alternatives based on operational, infection control and safety needs of the department. If a department chooses to adopt a more restrictive dress code than this policy requires, it must be developed with and approved by Human Resources prior to implementation. The more restrictive requirements will be communicated, interpreted and enforced by the manager.
- All Associates are required to be well groomed, practice appropriate personal hygiene and use good judgment in dressing appropriately for their position, *within the requirements of this policy.*
- Fingernails must be clean and well groomed. Artificial nails are not permitted on Associates in patient care areas.
- All cosmetic products, including make-up, lotions, cologne and perfume should be worn in moderation. Because fragrances may adversely affect those that are ill or have allergies or may be offensive to colleagues and customers, Associates may be prohibited from wearing products with fragrances in specific departments or units or around certain Associates and patients.
- Clothing must be clean, neatly pressed, in good repair and properly fitted, not revealing and appropriate for the type of work performed.
- Hats, caps, head wraps or scarves are not permitted unless they are part of an authorized uniform, are worn for religious or health-related reasons or worn to protect Associate while working in inclement or hot weather.
- Footwear must be professional, neat, clean, safe and in good repair.
- Undergarments should be discreet and not readily visible through clothing or above the waistband. Camisoles or undershirts are required under sheer or light-colored thin fabric blouses or shirts. Bare midriffs are prohibited.
- Hair, jewelry, accessories and ornamentation should be moderate and in good taste. Hair should not fall below the shoulder if patient contact is necessary. Patient care providers should pull hair back if it falls below the shoulder. Hair, facial hair or jewelry that present a hazard in equipment operation or patient contact is prohibited.
- Body piercing (other than ears) should not be visible at work. Oral and facial jewelry is not permitted. Clear spacers to keep piercings open are permitted.
- Tattoos should be covered if practical. The visibility of tattoos should be kept at a minimum. Any tattoo that contains offensive language or symbols must be covered.

- Apparel with sports team logos is not permitted except on Fridays. However, the apparel must meet all other requirements of the Professional Appearance Policy (i.e. no sweatshirts). Small logos of the manufacturer are permitted (e.g. Polo, Nike, Ralph Lauren). Apparel with the Mount Carmel logo is permitted as long as there is no other wording or advertising on the garment.
- Holiday-themed apparel that meets the dress requirements below is permitted during the respective season (e.g. Christmas-themed sweaters, vests, ties, etc.) Apparel should be tasteful and not offensive. Costumes are never permitted.
- See also policy # 510.2 and 515 regarding proper wearing of ID badges and pins.
- See also policy # 560.0 regarding Solicitation. Collecting money in return for wearing certain clothing on certain days is not permitted unless sponsored by Mount Carmel as a system-wide event.
- Mount Carmel may occasionally approve a "special dress day" which would allow exceptions to the standard policy. Participation may require a donation to a charitable cause.
- Wearing of denim/jeans: Well tailored jeans, and other denim outfits (skirts, dresses, jackets) may be acceptable at non-hospital locations provided the Associate's position does not require contact with the public or patients. Check with your manager to determine the appropriateness in your area.
- Associates working in offices or other areas that do not require a specific uniform may dress in formal business attire or business casual attire if appropriate.

Specific Guidelines

- The following guidelines are provided to assist Associates in understanding what is permitted. Business casual attire is considered professional dress and is allowed when formal business attire is not required, either due to the Associate's position or the particular occasion. Proper business casual attire must still project a professional image to our patients, visitors or external customers.
- The following list is a general overview of acceptable business casual attire as well as a listing of some of the more common items that are not permitted. Neither group is meant to be all-inclusive. The following guidelines set the general parameters for proper business casual wear. Questions about appropriateness should be addressed to your manager.
- Shirts
  - Permitted: Polo, banded collar, button-down, banded bottom, Henley, turtlenecks, sweaters, cardigans, knit crew neck tops, sleeveless (must be worn with a jacket or sweater), denim shirts and jackets (allowed in certain positions as noted above in general guidelines)
  - Not permitted: T-shirts (those sold as undergarments or those with logos, words or graphics that are not acceptable) tank tops, tops that expose the abdomen or back, plunging necklines, spaghetti straps, sweatshirts, flannel, off-the shoulder tops or sweaters, even if arms are covered, sleeveless tops without a sweater or jacket.
- Slacks
  - Permitted: Dockers, Chinos, khakis, well-tailored denim pants (allowed in certain positions as noted above in general guidelines), cropped pants that are mid-calf in length or longer are permitted for women.
  - Not permitted: Pants with pockets stitched fully on the outside (i.e.; cargo pants, painter's pants), sweatpants, sport pants (elastic waist, drawstrings), overalls, excessively tight or baggy pants, Capri pants (just below the knee) or cropped pants (that are higher than mid-calf in length), leather, shorts (men and women), short overalls, bike shorts, skirts.
- Dresses and skirts
  - Permitted: Sleeveless dresses, if worn with a jacket or sweater, split skirts (gauchos), denim dresses or skirts (allowed in certain positions as noted above in general guidelines). Skirt and dress length should be no higher than 2 – 3 inches above the knee, including any slits.
  - Not permitted: Mini-skirts, sleeveless dresses without a jacket or sweater

- Footwear
  - Permitted: Shoes or boots that are safe, clean, in good repair, in good taste and appropriate to the rest of your outfit.
  - Not permitted: Thong-type sandals without a heel such as "flip-flops," running shoes with flashing lights, high top gym shoes, slippers.

Clinical Associates

- Clinical departments may require a more restrictive dress code or a dress code with additional detail or alternatives based on operational, infection control and safety needs of the department. If a department chooses to adopt a more restrictive dress code, it must be developed with and approved by Human Resources prior to implementation. The guidelines will be communicated, interpreted and enforced by the manager.
- Patient Care Services and other clinical departments dress code policies may be more restrictive than the requirements in this policy, but may not be more lenient
- Associates should refer to the Patient Care Services or other clinical department dress code policy that applies to them.

Enforcement

- Department Managers, Directors and Senior Management have the authority to initiate action with any Associate who is in violation of this policy. The Director or Manager of the department in which the Associate works should be notified as soon as possible of any policy violations and they will be responsible for taking the appropriate disciplinary action.
- Associates who are non-compliant with the Professional Appearance Policy may be asked to clock out and leave work to correct the situation and to return to their worksite as soon as possible and not be paid for their time away.
- Repeated violations of the Professional Appearance Policy may result in disciplinary action up to and including termination from employment.
- Violating the Professional Appearance Policy is viewed as disrespectful to patients, families and co-workers and is inconsistent with the values of Mount Carmel.
- Associates who cannot comply with the Professional Appearance Policy and feel that they need special accommodations should discuss them with their manager.
- Should there be further questions the manager should consult with Human Resources.
- Exceptions to this policy cannot be made without approval by the Senior Vice President of Human Resources

RESPONSIBLE PERSONS: All Mount Carmel Health System Associates

REFERENCE: Other Healthcare Organization Dress Code Practices and other Trinity Health Organizations.

DEVELOPED BY: Human Resources, Administration, Planning and Marketing, Trinity Health Legal Counsel, Mount Carmel Associates (Focus Groups – 8/07)

ORIGINAL ISSUE DATE: 1988

REVIEW/REVISION DATES: 4/15/97, 4/1/08, 5/20/08

REPLACES: Mount Carmel Policy 510.1 Dress and Appearance Guidelines
December 2000 memo to Finance Associates – CSB and Lionmark Facilities Dress Code
2004 Patient Financial Services Dress Code

REVIEWED BY: Human Resources, 7/16/07
CEO Council, 7/19/07, 2/4/08
Trinity Health Legal Counsel, 1/08